OMB Approval No. 0348-0043

FEDERAL ASSISTANCE			. DATE SUBMITTED		Applicant Identifier			
1. TYPE OF SUBMISS Application			3. DATE RECEIVED BY	STATE	State Application Identifier			
		4	1. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier			
Non-Construct APPLICANT INFORMA	. -	Construction						
Legal Name:	anoiv .			Organizational Unit	 :			
Ü								
Address (give city, cou	nty, state, and zip co	de):		Name and telephone number of the person to be contacted on matters involving this application (give area code)				
TYPE OF APPLICAT If Revision, enter approached A. Increase Award D. Decrease Dura	ION: New Opriate letter(s) in bo	Continuation x(es): Ese Award C. I	Revision Increase Duration	7. TYPE OF APPLI A. State B. County C. Municipal D. Township E. Interstate F. Intermunicip G. Special Dist	J. Private University K. Indian Tribe L. Individual al M. Profit Organization rict N. Other (Specify):	itution of Higher Learning		
10. CATALOG OF FEDI ASSISTANCE NUM TITLE:	BER:	, counties, states, etc		11. DESCRIPTIVE	TITLE OF APPLICANT'S PROJECT:			
13. PROPOSED PROJE	-o.t.	14 CONGRESSIO	NAL DISTRICTS OF:					
Start Date	Ending Date	a. Applicant			b. Project			
15. ESTIMATED FUND	ING:		16. IS APPLICATI	ON SUBJECT TO REV	: /IEW BY STATE EXECUTIVE ORDER 1	2372 PROCESS?		
a. Federal	\$.00			/APPLICATION WAS MADE AVAILAE DER 12372 PROCESS FOR REVIEW			
b. Applicant	b. Applicant \$.00 DAT							
c. State	\$.00	b NO	PROGRAM IS NOT COVERED BY E.O. 12372				
d. Local	\$.00		OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
e. Other	\$.00						
f. Program Income	\$.00		CANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes," attach an explanation.				
g. TOTAL	\$.00	Yes	ii ies, allacii ali ex	pianauon.	INU		
					TRUE AND CORRECT, THE DOCUMENT ATTACHED ASSURANCES IF THE ASS			
a. Typed Name of Aut	a. Typed Name of Authorized Representative					c. Telephone number		
d. Signature of Author	rized Representative					e. Date Signed		

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item: Entry:

- 1. Self-explanatory.
- 2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).
- 3. State use only (if applicable).
- 4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.
- 5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.
- 6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
- 7. Enter the appropriate letter in the space provided.
- 8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:
 - —"New" means a new assistance award.
 - —"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.
 - —"Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.
- 9. Name of Federal agency from which assistance is being requested with this application.
- 10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
- 11. Enter a brief descriptive title of the project. if more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item: Entry

- 12. List only the largest political entities affected (e.g., State, counties, cities).
- 13. Self-explanatory.
- 14. List the applicant's Congressional District and any District(s) affected by the program or project.
- 15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate *only* the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.
- 16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.
- 17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
- 18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

INSTRUCTIONS FOR THE SF-424A

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4, Columns (a) and (b)

For applications pertaining to a *single* Federal grant program (Federal Domestic Assistance Catalog number) and *not requiring* a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a *single* program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in *Column* (a) and the respective catalog number on each line in Column (b).

For applications pertaining to *multiple* programs where one or more programs *require* a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g.)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

Lines 1-4, Columns (c) through (g.) (continued)

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5 — Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i — Show the totals of Lines 6a to 6h in each column.

Line 6j – Show the amount of indirect cost.

Line 6k – Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

INSTRUCTIONS FOR THE SF-424A (continued)

Line 7 – Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal-Resources

Lines 8-11 – Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) – Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (**b**) – Enter the contribution to be made by the applicant.

Column (c) – Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) – Enter the amount of cash and inkind contributions to be made from all other sources.

Column (e) – Enter totals of Columns (b), (c), and (d).

Line 12 — Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 – Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 – Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 – Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16 - 19 — Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 – Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 – Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 – Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23 – Provide any other explanations or comments deemed necessary.

SPECIAL INSTRUCTIONS

Applicants must provide on a separate sheet a budget narrative which will detail by budget category, the Federal and non-Federal (in-kind and cash) share. The grantee cash contribution should be identified as to its source, i.e., funds appropriated by a State or local government or donation from a private source. The narrative should relate the items budgeted to project activities and should provide a justification and explanation for the budgeted items including the criteria and data used to arrive at the estimates for each budget category.

Public reporting burden for this collection of information is estimated to average 26 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the Comptroller, Office of Justice Programs, U.S. Department of Justice, 633 Indiana Avenue, NW., Washington, D.C. 20531; and to the Public Use Reports Project, 1121-0140, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)

1.	Type of Federal Action: a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: a. bid/offer/application b. Initial award c. post-award		3. Report Type: a. initial filing b. material change For Material Change Only: year ———— quarter ———— date of last report				
4.	Name and Address of Reporting Entit Prime Subaw Tier Congressional District, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:						
6.	Federal Department/Agency:		Congressional District, if known: 7. Federal Program Name/Description:					
8.	Federal Action Number, if known:		9. Award Amoun		ble:			
10.	a. Name and Address of Lobbying Er (if individual, last name, first name		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):					
11.	Amount of Payment (check all that a	рріу):	13. Type of Payment (check all that apply):					
	\$ ac	□ a. retainer						
12.	Form of Payment (check all that apple a. cash b. in-kind; specify: nature value	-						
14.	14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Members(s) contacted, for Payment Indicated in item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)							
15.	Continuation Sheet(s) SF-LLL-A attac	hed: ☐ Yes	 □ No					
16.	Information requested through this form is auth section 1352. This disclosure of lobbying activitiation of fact upon which reliance was placed this transaction was made or entered into. The pursuant to 31 U.S.C. 1352. This information Congress semi-annually and will be available for person who fails to file the required disclosure spenalty of not less than \$10,000 and not more such failure.	ies is a material represen- by the tier above when iis disclosure is required will be reported to the r public inspection. Any shall be subject to a civil	Print Name:					
Fed	eral Use Only:				Authorized for Local Reproduction Standard Form - LLL			

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

CONTINUATION SHEET

porting Entity:	

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
- 14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- 16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

U.S. DEPARTMENT OF JUSTICE OFFICE OF JUSTICE PROGRAMS OFFICE OF THE COMPTROLLER

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510—

- A. The applicant certifies that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a

public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620—

- A. The applicant certifies that it will or will continue to provide a drug-free workplace by:
- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an on-going drug-free awareness program to inform employees about—
- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace:
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will—

Notify the employer in writing of his or her conviction for a lation of a criminal drug statute occurring in the workplace later than five callednard days after when five callednard days after receiving notice under subparageth (0/2) from an apployee or otherwise receiving actual notice of such convicion. Employers of convicted employees must provide notice, luding position title. to: Department of Justice, Office of subdington, D.C. 20531. Notice shall include the identified of any employee who is so convicted. Taking appropriate personnel action against such an apployee, up to and including termination, consistent with the guitaments of the Rehabilitation Act of 1973, as smended; or a gausse assistance or rehabilitation and to 1973, as smended; or a gausse assistance or rehabilitation and to 1973 or a smended; or his purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal, State, or local health, law enforces, or the purposes by a Federal state, or local health, law enforces have a federal state or the purpose of the performance of work done in connection with specific grant, or the repulsion of purposition of the grant in conducting any activity with the grant and the grant and the purposition of the grant inconducting and the grant and the law of the conviction, to: Department of Justice, Office of Justice	Abide by the terms of the statement; and	
Notifying the agency, in writing, within 10 calendar days or receiving notice under subparagraph (d)(2) from an pigovee or otherwise receiving actual notice of such convicent. Employers of convicted employees must provide notice, but on provide notice, and the provided pro	2) Notify the employer in writing of his or her conviction for a color of a criminal drug statute occurring in the workplace	
Grantee Name and Address: Application Number and/or Project Name 3. Grantee IRS/Vendor Number Typed Name and Title of Authorized Representative	o later than five calendar days after such conviction; 1) Notifying the agency, in writing, within 10 calendar days ter receiving notice under subparagraph (d)(2) from an imployee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, cluding position title, to: Department of Justice, Office of istice Programs, ATTN: Control Desk, 633 Indiana Avenue, i.W., Washington, D.C. 20531. Notice shall include the identication number(s) of each affected grant; 1) Taking one of the following actions, within 30 calendar and anys of receiving notice under subparagraph (d)(2), with spect to any employee who is so convicted— 1) Taking appropriate personnel action against such an imployee, up to and including termination, consistent with the quirements of the Rehabilitation Act of 1973, as amended; or 1) Requiring such employee to participate satisfactorily in a rug abuse assistance or rehabilitation program approved for inch purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; 1) Making a good faith effort to continue to maintain a drugeworkplace through implementation of paragraphs (a), (b), (d), (e), and (f). 1) The grantee may insert in the space provided below the te(s) for the performance of work done in connection with e specific grant: 1) ace of Performance (Street address, city, county, state, zip	here. Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7. Check if the State has elected to complete OJP Form 4061/7. DRUG-FREE WORKPLACE (GRANTEES WHO ARE INDIVIDUALS) As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67; Sections 67.615 and 67.620— A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W.,
Grantee Name and Address: Application Number and/or Project Name 3. Grantee IRS/Vendor Number Typed Name and Title of Authorized Representative	ode)	tify that the applicant will comply with the above certifications.
Typed Name and Title of Authorized Representative	. Grantee Name and Address:	
	2. Application Number and/or Project Name	3. Grantee IRS/Vendor Number
Signature 6. Date	. Typed Name and Title of Authorized Representative	
	. Signature	6. Date

BUDGET INFORMATION — Non-Construction Programs

SECTION A – BUDGET SUMMARY								
Grant Program Function or Activity Catalog of Federal Domestic Assistance Number		Estimated Und	obligated Funds	New or Revised Budget				
or Activity (a)	Number (b)	Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)		
1.		\$	\$	\$	\$	\$		
2.								
3.								
4. 5. TOTALS		\$	\$	\$	\$	\$		
J. IOIALS			SECTION B – BUDGET O	`ATEGORIES				
0. Oktob Ok. 0.				UNCTION OR ACTIVITY		Total		
6 Object Class Categories	·	(1)	(2)	(3)	(4)	(5)		
a. Personnel		\$	\$	\$	\$	\$		
b. Fringe Benefits								
c. Travel								
d. Equipment	d. Equipment							
e. Supplies								
f. Contractual								
g. Construction								
h. Other								
i. Total Direct Charges (sum of 6a - 6h)								
j. Indirect Charges		\$	\$	\$	\$	\$		
k. TOTALS (sum of 6i a	and 6j)	Φ	D	Φ	•	Φ		
7. Program Income		\$	\$	\$	\$	\$		

	SECTION C	- NON-FE	DERAL RESC	DURCES		
(a) Grant Program			Applicant	(c) State (d)		(e) TOTALS
8.		\$		\$	\$	\$
9.						
10.						
11.						
12. TOTALS (sum of lines 8 and 11)		\$		\$	\$	\$
	SECTION I	O - FOREC	ASTED CASH	INEEDS		
13. Federal	Total for 1st Year	1st (Quarter	2nd Quarter	3rd Quarter	4th Quarter
10. Todoral	\$	\$		\$	\$	\$
14. NonFederal						
15. TOTAL (sum of lines 13 and 14) \$		\$		\$	\$	\$
SECTION E - BUD	GET ESTIMATES OF F	EDERALF	UNDS NEED	ED FOR BALANCE OF	THE PROJECT	
(a) Grant Program					G PERIODS (Years)	
(a) Clark Frogram		(b) First	(c) Second	(d) Third	(e) Fourth
16.				\$	\$	\$
17.						
18.						
19.						
20. TOTALS (sum of lines 16 - 19)				\$	\$	\$
	SECTION F - (Attach	OTHER BU additional Sh	JDGET INFOR	RMATION ry)		
21. Direct Charges:		22. Indirect Charges:				
23. Remarks		,				